

To start the PHA Process, you need to complete the following three steps:

1. [Log into Marine Online to print your Individual Medical Readiness \(IMR\) Report \(Click here\)](#)
2. [Create an account at Relay Health to request labs through your assigned Primary Care Manager \(PCM\).](#)
3. [Log into Health Risk Appraisal survey. Complete/print and hand carry survey to your PHA appointment.](#)

****You must accept Relay Health's invitation via e-mail to participate in Relay Health services.**

IT IS YOUR RESPONSIBILITY TO COMPLETE YOUR ANNUAL PHA REQUIREMENTS

Please review your IMR report from BOL, if there is a "Due" item identified you must report to the specific department to update your medical readiness. You may also use the "Tool for the Busy Sailor" to aide you in understanding your IMR report and updating your readiness.

Rank/Name:		
RUC:		
IMR Current as of:		
Medical Readiness Status		

IMMUNIZATIONS: Immunizations staff will review deficient immunizations				
Adenovirus	Anthrax	Cholera	Hepatitis A	Hepatitis B
Influenza	H1N1 Flu	JEV	MCG	MMR
Pneumococcal	Polio	Rabies	Smallpox	TDAP
TwinRx	Typhoid	Varicella	Yellow Fever	
Tuberculin (PPD) Skin Test:			Reactor: Yes / No	

For more information on required immunizations depending on your MOS/NEC/Designator [or duty station, please visit MILVAX \(click here\)](#)

	Test Date		Due Date
PHA Date			
Full Physical			

PHA READINESS LABS:	Due:	Yes	No
Blood/Rh Factor			
G6PD			
Sickle Cell Trait			
DNA			
HIV			
Lipids/Glucose			

SPECIAL DUTY EXAMS/OCCUPATIONAL MEDICAL SURVEILLANCE PROGRAMS
- These exams and certificates are a requirement for your duties, if applicable
- These exams can be updated prior to or after your PHA appointment

BHC NAVSTA NORFOLK

DEPLOYMENT HEALTH CENTER
PERIODIC HEALTH ASSESSMENT CHECKLIST



Assistance with this form, call 757-953-9042
M-TH 0700-1500, FRI 0700-1200 or e-mail us at
BHCNorfolk-DH@med.navy.mil

INSTRUCTIONS: Print This Form

1. Lipids/Glucose required if: (must fast for 12hrs prior to specimen draw, no eating/alcohol/tobacco use)
 - a. Age > 35yrs for males and 45yrs for females for Lipid Disorders
 - b. Personal history of high cholesterol/diabetes/blood pressure/Tobacco use/obesity
 - c. Family history of high cholesterol/diabetes/blood pressure/obesity
2. Information for arrival to BHC NAVSTA Norfolk for your appointment:
 - a. Present ID/CAC to greeters, Prescription eyewear (no contact lenses)
 - b. Report with IMR report, HRA survey, and Medical records
3. If you completed a PDHA, PDHRA or MHA, please notify the appointment line that you are required to notify them that this is a PHA + PDHA/PDHRA/MHA (specific survey) for the "comment" section
4. All items must be completed, if not your appointment will be rescheduled at a later date/time

Medical Equipment (Gas Mask Inserts, Medical Warning Tags)

Inform deployment health if you require medical equipment ordered.

OPTOMETRY: (Eye Exam is required every two years for corrected and every five years for uncorrected)

Exam Date: _____ (Visual Acuity required annually, performed at PHA)

Optometry Staff: Stamp/Sign/Date _____

Appointment Line 1-866-645-4584

POST DEPLOYMENT HEALTH ASSESSMENTS: (If "Due" in IMR, please complete)

Deployed Boots on Ground, OCONUS greater than 30days since your last PHA:

- if "YES", have you completed a PDHA or PDHRA with a Mental Health Assessment online?

- If "No", go to <https://data.nmcphc.med.navy.mil/edha/> and click on "New User"

* type-in passphrase [Activenavy1#](#) passphrase is case sensitive and proceed to survey instructions.

If No, then Skip this section

ANNUAL DENTAL READINESS: Class 3 & 4 an require appointment at Dental

Exam Date: _____ Class _____ (Exam required every year)

Dental Staff: Stamp/Sign/Date _____

Dental Appointment Line: 757-953-8526

FEMALES ONLY: PAP every 2yrs if 21-29, every 3yrs if 30 or greater if applicable by PCM